

## **POSITION**

ID NO.

**DATE**

POSITION	ID NO.	DATE
CLASSIFIER	28	6/20/95
EXAMINER	401	7/20/95
TYPIST	T.D.	7/20/95
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## **INDEX OF CLAIMS**

BEST AVAILABLE COPY

Final	Claim	Original	01	12	Date
	1		✓		
	2		✓		
	3		✓		
	4		✓		
	5		✓		
	6		✓		
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	12		✓		
	13		✓	= ✓	
	14		✓		
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	19		✓	=	
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	21			✓	
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## SYMBOLS

- ✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Cancelled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Final Claim	Original	Date
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